

FACILITY USE APPLICATION & PERMIT

FACILITY REQUESTED		
<input type="checkbox"/> Hillview Community Center 97 Hillview Ave. Room _____ <input type="checkbox"/> Los Altos Youth Center One N. San Antonio Rd.	<input type="checkbox"/> Garden House Shoup Park, 400 University <input type="checkbox"/> Patriot Corner Group Picnic Site Shoup Park, 400 University *No electricity available. Max Capacity 75	<input type="checkbox"/> Grant Park Room _____ 1575 Holt Ave. <input type="checkbox"/> Community Plaza Corner of State & Main Streets Max Capacity 75

EVENT INFORMATION	
Event Name: (if applicable)	Type of Event:
Date/s of Event:	Recurring Event: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> N/A <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> NA <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> NA
Event Time: (Including setup and cleanup) _____ am/pm to _____ am/pm	
*Patriot Corner Event Time: <input type="checkbox"/> Morning Use: 8am – 2pm <input type="checkbox"/> Afternoon Use: 3 – 8pm <input type="checkbox"/> Full Day: 8am – 8pm Comm Plaza Event Time: <input type="checkbox"/> Morning Use: 7am – 3pm <input type="checkbox"/> Afternoon Use: 3 – 11pm <input type="checkbox"/> Full Day: 7am – 11pm	
Will Food/Beverages be served? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Attendance:
Will Alcohol be served? <input type="checkbox"/> Yes <input type="checkbox"/> No	Music: <input type="checkbox"/> Live Music <input type="checkbox"/> D.J. <input type="checkbox"/> N/A

CONTACT INFORMATION		
Organization: (if applicable)	Non-Profit Tax ID #:	
Contact Name:	Email Address:	
Day Phone:	Cell or Evening Phone:	
Address:		
City:	State:	Zip:
2 nd Contact Name:		Day Phone:
Group Type: <input type="checkbox"/> Resident <input type="checkbox"/> Res Non-Profit <input type="checkbox"/> Non-Resident <input type="checkbox"/> Non-Res Non-Profit		Percentage of Los Altos Residents in Group: (50% is required to be a Resident group) _____ %

WAIVER OF LIABILITY		Office Use Only:
<p>To the fullest extent allowed by law, Applicant hereby agrees to defend, indemnify and hold harmless the City of Los Altos, its governing board, the individual members thereof, and all City of Los Altos officers, agents and employees from any loss, damage, liability, cost or expense arising from the use or occupancy of City property. All applications shall bear the signature of a person 21 years or older who is duly authorized representative of the organization or group making the request, and further the applicant agrees to reimburse the City of any loss or damage to City property caused by such use. I HAVE READ AND UNDERSTAND THE ATTACHED POLICIES AND REGULATIONS ATTENDANT TO MY RENTAL OF THIS FACILITY (including decorations, clean-up, noise etc.) & I AGREE TO ABIDE BY THEM. I have read and understand the refund policy.</p>		<u>Alcohol Permit:</u> Permit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Paid: _____ Paid by: <input type="checkbox"/> Check. <input type="checkbox"/> CC <input type="checkbox"/> Cash <u>Deposit:</u> Date Paid: _____ Paid by: <input type="checkbox"/> Check. <input type="checkbox"/> CC <input type="checkbox"/> Cash Deposit Refunded: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Refunded: _____ By: _____ Facility Condition: _____
Signature of Applicant:	Date:	